

PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	029869.00002-US01
	First Named Inventor	Francis P. Kuhajda
	COMPLETE IF KNOWN	
	Application Number	10/520,505
	Filing Date	January 7, 2005
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL COMPOUNDS, PHARMACEUTICAL COMPOSITIONS CONTAINING SAME, AND METHODS OF USE FOR SAME

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/07/2005 as United States Application Number or PCT International

Application Number 10/520,505 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

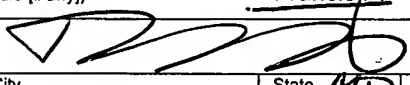
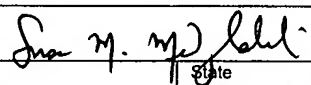
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/021700	IB	07/09/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

BEST AVAILABLE COPY

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: <u>26853</u>		OR <input type="checkbox"/> Correspondence address below	
Name COVINGTON & BURLING			
Address 1201 Pennsylvania Avenue, NW			
City Washington	State D.C.	ZIP 20004-2401	
Country USA	Telephone 202.662.6000	Fax 202.662.6291	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Francis P.		Family Name or Surname Kuhajda	
Inventor's Signature 		Date 5-23-2005	
Residence: City Baltimore	State MD	Country United States of America	Citizenship US
Mailing Address: Johns Hopkins Medical Center 4940 Eastern Avenue			
City Baltimore	State MD	ZIP 21224	Country United States of America
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Susan M.		Family Name or Surname Medghalchi	
Inventor's Signature 		Date	
Residence: City Baltimore	State MD	Country United States of America	Citizenship US
Mailing Address: FASgen, Inc. University Johns Hopkins Bayview Campus 5210 Eastern Avenue			
City Baltimore	State MD	ZIP 21224	Country United States of America
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>1</u> of <u>1</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Jill M.</u>		<u>McFadden</u>	
Inventor's Signature <u>Jill M. McFadden</u>		Date <u>5-24-2005</u>	
Residence: City <u>Baltimore</u>	State <u>MD</u>	Country <u>United States of America</u>	Citizenship <u>US</u>
Mailing Address: <u>The Johns Hopkins University Departments of Chemistry 3400 N. Charles Street</u>			
City <u>Baltimore</u>	State <u>MD</u>	Zip <u>21218</u>	Country <u>United States of America</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Jagan N.</u>		<u>Thupari</u>	
Inventor's Signature <u>Jagan N. Thupari</u>		Date <u>MAY 23 '05</u>	
Residence: City <u>Baltimore</u>	State <u>MD</u>	Country <u>United States of America</u>	Citizenship <u>US</u>
Mailing Address: <u>Department of Pathology Johns Hopkins Bayview Research Campus 5210 Eastern Avenue</u>			
City <u>Baltimore</u>	State <u>MD</u>	Zip <u>21224</u>	Country <u>United States of America</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country

BEST AVAILABLE COPY